

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	3/6/2
2	10/10/02
3	6/24/02
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19	
20	
21	
22	
23	✓
24	
25	
26	
27	✓
28	N
29	N
30	✓
31	✓
32	N
33	
34	
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43	
44	
45	
46	
47	N
48	✓
49	
50	✓

Claim	Date
Final	4/2
Original	
51	✓
52	
53	
54	✓
55	N
56	✓
57	N
58	N
59	✓
60	
61	
62	✓
63	N
64	
65	N
66	✓
67	N
68	N
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here